

City of Tempe
P. O. Box 5002
20 East Sixth Street
Tempe, AZ 85281
480-350-8278
www.tempe.gov/hr



Human Resources Department
Administration Division

CURRENT EMPLOYEE VOLUNTARY DEMOTION/LATERAL TRANSFER REQUEST

I, _____, am requesting a ☐ **voluntary demotion** / ☐ **lateral transfer**. (Select one)

Employee ID: _____ Home Phone #: _____ / _____ - _____ City Extension: _____

Current Position

Title: _____

Department/Division: _____

Pay Range _____

Desired Position

Title: _____

Department/Division: _____

Pay Range: _____

Please read and sign below:

If selected for a ☐ **Voluntary Demotion**, I understand that my rate of pay may be at a comparable rate up to the maximum for the position. Furthermore, I understand that I will receive the maximum of the new pay range if this range is less than my present salary.

If selected for a ☐ **Lateral Transfer**, I understand that I will retain my current rate of pay.

I also understand that the Voluntary Demotion and Lateral Transfer Lists are only valid until December 31st of each calendar year, and that I must submit a new request each January to remain on a list (*according to the City's Personnel Rules and Regulations Manual, Rule 4, Sections 401-D and 402-B*).

To be considered for a position, I must complete an application form, meet the minimum job requirements, and compete in the selection process for this position.

Employee's Signature & Date

Approved by Human Resources Department (Initials & Date)